

Waiting List Information Change Form

This form is to be used to make changes or corrections in your Section 8 Housing applicant file for the wait list.
Please send completed forms to:

Department of Commerce
Housing Assistance Bureau
Section 8 Housing Program
P O Box 200545
Helena MT 59620-0545
Phone: 406-841-2830
Fax: 406-841-2810

Head of Household SSN #: _____ or Client ID #: _____
Head of Household Name: _____

Type of Change

____ Name ____ Address/Phone ____ Income ____ Family Composition

Mailing Address: _____

____ City _____ State _____ Zip Code _____
Phone Number: _____

Do you want to change Areas? Y or N If yes to what City?

Household Members:

Name	Birth Date	Sex	Soc. Sec #	Relationship	Disabled
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Income

Amount	Source	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature: _____ Date: _____

It is the responsibility of the client to notify MDOC in writing within sixty (60) days of any changes, including address. If our Field Agents cannot reach you when your name comes to the top of the Waiting List your name will be removed and you will have to reapply.